

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>10/11/05</u>		2 Serial/Patent # <u>10/516522</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/>	Filing		11/30/04						
<input type="checkbox"/>	Amendment		\$ 1110 ⁰⁰						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$						
		7 TOTAL AMOUNT OF REFUND							
		\$1110 ⁰⁰							
		8 TO BE REFUNDED BY:							
		Treasury Check							
		Credit Deposit A/C #:							
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				--			
		--							
10 REASON:									
<input checked="" type="checkbox"/>	Overpayment								
<input type="checkbox"/>	Duplicate Payment								
<input type="checkbox"/>	No Fee Due (Explanation):								
Refund to Credit Card									
11 REFUND REQUESTED BY: <u>CBurst</u>									
TYPED/PRINTED NAME: <u>Charitta Burst</u>		TITLE: <u>Paralegal</u>							
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140x207</u>							
OFFICE: <u>PCA</u>									

THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: